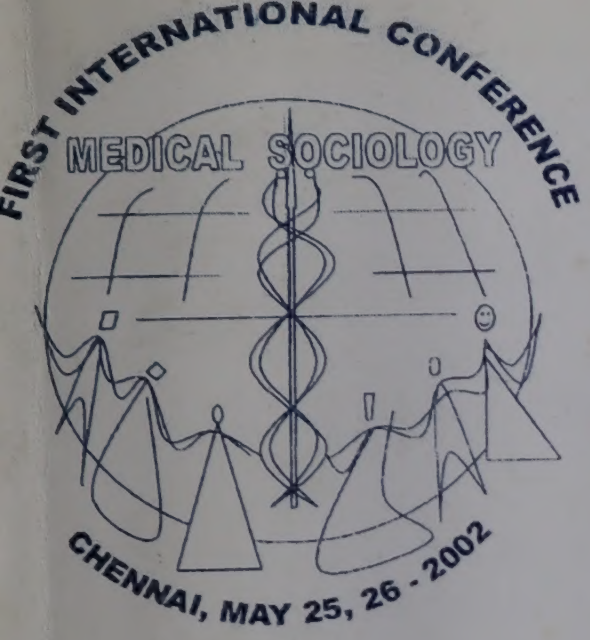

FIRST INTERNATIONAL CONFERENCE IN MEDICAL SOCIOLOGY

"HEALTH, ILLNESS AND SOCIETY IN THE NEW MILLENNIUM"

ABSTRACTS

25th – 26th May 2002

MADRAS MEDICAL MISSION

MADRAS MEDICAL MISSION HOSPITAL RESEARCH TRAINING

May 25, 2002

Dear Delegate

WELCOME TO THE FIRST INTERNATIONAL CONFERENCE IN MEDICAL SOCIOLOGY

Social facets of health and illness, the social functions of health institutions and organisations, the relationship of systems of health care delivery to other social systems and social behaviours of health personnel and those people who are consumers of health care are becoming increasingly important today for a good quality life.

There is an urgent need for social dimensions towards a healthy quality of life, which should bring in expert faculties from Medical Sciences, Social Sciences and other allied faculties to interact.

The First International Conference in Medical Sociology on Health, illness and society in the New Millennium is one such attempt, where multidisciplinary effort is made to build bridges for a holistic health scenario.

There has been an overwhelming response to "Call for papers" from Doctors, Social Scientists and Activists for these healthy deliberation. We on our part have presented the abstracts of papers under various streams of reference. We hope that these abstracts will stimulate the deliberations for the following two days.

DR.PHILOMENA MARIADOS
ORGANISING SECRETARY

May 25, 2002

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FIRST INTERNATIONAL CONFERENCE IN MEDICAL SOCIOLOGY

" HEALTH , ILLNESS AND SOCIETY IN THE NEW MILLENNIUM"

PROVISIONAL PROGRAMME

REGISTRATION COMMENCES AT 8.00 A.M. ON 25-05-2002

INAUGURAL FUNCTION

25-05-2002

9.00 a.m.	Prayer	
9.05 a.m.	Introduction of Invitees Welcome Address	✱ Dr. K.M.Cherian Director –ICVD, Chennai
9.15 a.m.	Lighting of the Lamp	
9.15 a.m. - 9.30 a.m.	Inaugural address	✱ Dr. Vasantha Muthuswamy, Sr .Deputy Director General, ICMR, New Delhi
9.30 a.m. - 9.45 a.m.	Key note address: **"The Need for Health Related Social Science Research in India"**	✱ Dr. R.N.Gupta, Dy Director General (SG), Social & Behavioral Research Unit, ICMR, New Delhi
9.45 a.m. - 10.00 a.m.	Graduation ceremony of the students of Post Graduate Diploma in Medical Sociology	
10.05 a.m. - 11.00 a.m.	**The MMM Oration : The Potential Sociological Contribution to HIV – Related risk reduction some reflections on experience**	✱ Professor. Michael Bloor, Director, Health & Social Care Research Support Unit, Cardiff University, UK
11.00 a.m.	Vote of Thanks	✱ Dr. Rajesh Menon, Joint Secretary, MMM, Chennai.
11.00 a.m. - 11.30 a.m.	Press Meet	

SCIENTIFIC SESSION

25-05-2002

TIME	TITLE OF THE PRESENTATION / PANEL DISCUSSION	SPEAKER
11.30 a.m. - 12.30 p.m.	Relevance of Sociology in Medicine - A Panel Discussion	✶ Dr. Venkatarathinam, Convenor Research Committee, Health & Society of Indian Sociological Society, New Delhi ✶ Dr. K.D.Ramaiah, Assistant Director, Vector Control Research Centre, Pondicherry ✶ Dr. Paresh Kumar, Reader, Dept. of Sociology, Mysore University, Karnataka
12.30 p.m. - 1.30 p.m.	Paper presentation by delegates	
1.30 p.m. - 2.15 p.m.	Lunch	
2.15 p.m. - 2.45 p.m.	**Disaster Management** Presentation & Discussion	✶ Dr. Shirdi Prasad Tekur, Director, City Clinic & Specialists Centre, Bangalore
2.45 p.m. - 3.15p.m.	**Leprosy – Social Stigma and Treatment Compliance** Presentation & Discussion	✶ Dr. Sekar, Director – Central Leprosy Teaching & Research Institute, Chengalpet
3.15 p.m. - 3.45 p.m.	**Care of the Advanced Cancer Patients - A Holistic approach** Presentation & Discussion	✶ Dr. Manjula Krishnaswamy, Hony Medical Director, Jeevodaya, Cancer Hospital, Chennai
3.45 p.m. - 4.00 p.m.	Relax with 	
4.00 p.m. - 5.00 p.m.	**The Future of Special Needs Individual - Role of Family and Society** Panel Discussion	✶ Mr.J.K. Cornelius, Director & Vice Chairman Navajyothi Trust, Chennai. ✶ Dr.A.K.Mittal Regional Director, National Institute for the visually handicapped regional Centre, Chennai ✶ Sr. Dr. Rita Mary, Director, Guidance Home for Adult Deaf Girls, Chennai ✶ Prof. Jeyachandran, Principal, Balavihar Training School, Chennai

		✶ Ms. Dipti Bhatia, Coordinator, Integration cell Vidhya Sagar, Chennai
5.00 p.m. - 6.00 p.m.	Paper presentation by delegates	
6.00 p.m. - 7.00 p.m.	Meeting regarding " Association of Indian Medical Sociologists (AIMS)"	
7.00 p.m. –8.30 p.m.	"TRADITIONS BLOSSOMS ANEW" - Time to enjoy	
8.30 p.m.	Banquet	

26-05-2002

9.00 a.m. - 9.30 a.m.	**Relevance of Sociology of Nursing** Presentation & Discussion	✶ Prof. Allan Gilloran Dean Queen Margaret University College, Edinburgh
9.30 a.m.-10.30 a.m.	**Reorientation of Medical Education – How far it is community based ?** Panel Discussion	✶ Dr. Abraham Thomas Director & Principal, Pondicherry Institute of Medical Sciences, Pondicherry. ✶ Dr. Ravi Jacob Korula Principal,Christian Medical College ,Vellore. ✶ Dr. Krishna G.Seshadri Asst.Professor & Consultant– Endocrinologist, Sri Ramachandra Medical College& Research Institute, Chennai
10.30 a.m. - 10.45 a.m.	Relax with 	
10.45 a.m. - 11.15 a.m.	**Medical Ethics – Social Dimensions** Presentation & Discussion	✶ Dr. Vasantha Muthuswamy, Sr .Deputy Director General, ICMR, New Delhi
11.15 a.m. - 11.45 a.m.	**Sociological perspective on Injuries** Presentation & Discussion	✶ Dr. G.Gururaj,Professor Social Epidemiology, NIMHANS, Bangalore
11.45 a.m. - 12.45 p.m.	Paper presentation by delegates	
12.45 p.m. - 1.30 p.m.	Lunch	
1.30 p.m. – 2.00 p.m.	Paper presentation by delegates	
2.00 p.m. – 2.30 p.m.	**The Medico Social Aspects of Being a Women** Presentation & Discussion	✶ Dr. Thankam Rama Varma, Director, Institute of Reproductive Medicine & Women's Health, Chennai
2.30 p.m. – 3.00 p.m.	**Gerontology: Challenge of the Millennium-plenary session** Presentation & Discussion	✶ Dr. P.K.B.Nair, Director, Centre for Gerontological Studies,

Thiruvananthapuram

3.00 p.m. – 4.00 p.m.	**Organ Transplantation – Social Issues** Panel Discussion	✶ Dr. Sunil Shroff, Consultant ,Sri Ramachandra Medical College & Research Institute, Chennai . ✶ Dr. Radhika, Consultant, Sankara Nethralaya, Chennai. ✶ Dr. Madhusankar, Consultant-Cardiac Surgeon, MMM ✶ Dr. Shanmugabhaskar, Transplant Surgeon, Chennai Transplant Centre, MMM
4.00 p.m. – 4.30 p.m.	**Social cost of Health and Diseases** Presentation & Discussion	✶ Dr. Vikas Desai, Professor & Head, Community Medicine, Govt.Medical College, Surat.
4.30 p.m. – 5.30 p.m.	**The Dialogue continues**	✶ Dr. V.T. Patil , Vice Chancellor, Pondicherry University, Pondicherry.
5.30 p.m.	Relax with 	

PAPER SESSIONS

Saturday pm — 12.30 - 12.40 — 10 mins

TREAM	ROOM	PRESENTER	TITLE
hicality & Legality	Zachariah Mar Dionysius Auditorium	Dr.N.Lalitha	Rational Drug Policy & Access to Health Care
xperience in Health are & Illness	Windsor Auditoirum	Lt.Col.Jacob John	An experience in health care & illness with special reference to cardiac aliments . holistic health practices leads to wellness - A study report
ocio psycho aspects Illness	Pai Auditorium	Dr. Janet Parameshwar	Psychological impact of cancer in Indian women.

Saturday pm — 12.40 - 12.55 — 10 mins

STREAM	ROOM	PRESENTER	TITLE
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Dr.Kaushal Kishore	Ethics in AIDS Care and Control
Experience in Health Care & Illness	Windsor Auditoirum	Mr.Prince Annadurai	Problems faced by person with Hemophilia in Chennai
Socio psycho aspects in Illness	Pai Auditorium	Mrs. Meenakshi Viswanth	Motivation : Its Socio psychological perspective in Dentistry a review

Saturday pm — 01.00 - 01.10 — 10 mins

STREAM	ROOM	PRESENTER	TITLE
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Dr.Padma Raman	Factors determining treatment compliance in oral cancer and precancer
Experience in Health Care & Illness	Windsor Auditoirum	Mrs.Suseela Packinathan	Response of elderly patients with Chronic illness
Socio psycho aspects in Illness	Pai Auditorium	Mr.Michael Satchithananda Valan	A Psychological study on care taking of the mentally women undertaking Spiritual Healing

Saturday pm — 01.15 - 01.25 — 10 mins

STREAM	ROOM	PRESENTER	TITLE
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Dr. Rajan R. Patil	Accessing perceptions of Malaria among the representatives of Gram panchayat and explore the potential for intersectoral coordination
Experience in Health Care & Illness	Windsor Auditoirum	Prof.Ch.Uma Mohan	Uterine cervical cancer & prediagnostic illness behavior
Socio psycho aspects in Illness	Pai Auditorium	Dr. Punitha	Psychological effects and coping mechanism in patients with cleft lip and palate.
		Dr.A.Ramaswamy	Psycho Social aspects of Schizophrenics Spiritual Healing

Saturday pm	5.00 - 5.10		10 min
STREAM	**ROOM**	**PRESENTER**	**TITLE**
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Ms. P.sripriya	Burden of costs of treatment to peop living with HIV/AIDS in South India ar explore the potential for intersector coordination
Family & Illness	Windsor Auditoirum	Ms. Bhima Uma Magheswari	A comprehensive study to asse knowledge & attitudes of mothe towards sex education of their children 11-18 years of age in selected rural urban community in Tamilnadu
Socio Economics/ Cultural Aspects	Pai Auditorium	Dr.P.Manickam	Implications of socio-cultural factors food borne outbreaks among the trib in Southern orissa and palate.Psyc Social aspects of Schizophreni Spiritual Healing

Saturday pm	5.15 - 5.25		10 mins
STREAM	**ROOM**	**PRESENTER**	**TITLE**
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Ms.k.Sibichen Mathew	Consequences of tax evasion t enforcement on the health of individua
Family & Illness	Windsor Auditoirum	Mr.S.Guru Nagarajan	Burden perceived by the family mem of the Rehabilitation persons with spi cord injury
Socio Economics/ Cultural Aspects	Pai Auditorium	Dr.C.H.Koteeswaramma	Manifest and latest YAWS in tribal socio Economic complex in Kammam District of Andhra Pradesh

Saturday pm	5.30 - 5.40		10 mins
STREAM	**ROOM**	**PRESENTER**	**TITLE**
Ethicality & Legality	Zachariah Mar Dionysius Auditorium	Mr.K.Ramesh	Psycho-immune maintainance for A patients through physical therapy
Family & Illness	Windsor Auditoirum	Dr.Sarbari Sen	Disabled women and their intergratio to the family and society: A sociologi inquiry with spinal cord injury Southern orissa and palate.Psycho So aspects of Schizophrenics Spirit Healing
Socio Economics/ Cultural Aspects	Pai Auditorium	Ms. Sujatha Gokhale	Social aspects in general nutrition heath. A case study of people Morewa village in Maharashtra

aturday pm	5.45 - 5.55		10 mins
STREAM	ROOM	PRESENTER	TITLE
hicality & Legality	Zachariah Mar Dionysius Auditorium	Dr. D.Sarath Mohan	Study of prevalence of blindness with relation to cataract surgery of
amily & Illness	Windsor Auditoirum	Ms.Praneeta Varma	Patterns of disclosure among HIV positive paients at YRG care
ocio Economics/ ultural Aspects	Pai Auditorium	Ms. Kalpana	Stigma in Tuberculosis

Sunday pm	11.45 - 11.55		10 mins
TREAM	ROOM	PRESENTER	TITLE
ccess & Equity in Health care	Zachariah Mar Dionysius Auditorium	Mr. Prahlad	Uniqueness of womens health & empowerment programme
Health Care provides	Windsor Auditoirum	Mrs.Poppy Kannan	IIn sickness and in health- The medical social workers multifaceted
General	Pai Auditorium	Mrs. Indirani Dasaradhan	Awareness and AIDS

Sunday pm	12.00 -12.10		10 mins
STREAM	ROOM	PRESENTER	TITLE
Access & Equity in Health care	Zachariah Mar Dionysius Auditorium	Mrs.Vijayalakshmi	A study to assess health problems related to postmenopausal period among women attending OACHC
Health Care provides	Windsor Auditoirum	Mrs.Rajeswari Vaidyanathan	Nurses - Socio Economic status with spinal cord injury in Southern orissa and palate.Psycho Social aspects of Schizophrenics Spiritual Healing
General	Pai Auditorium	Dr.B.T.Kazi	Impact of knowledge of AIDS through interventions

Sunday pm	12.15 - 12.25		10 mins
STREAM	ROOM	PRESENTER	TITLE
Access & Equity in Health care	Zachariah Mar Dionysius Auditorium	Dr.D.D.Bant	Comparative study of women in health status in I.C.D.S. & NON I.C.D.S. area
Health Care provides	Windsor Auditoirum	Dr. Sushila Jain	Herbal Medication - An alternative curative system among BHILS in Udaipur district
General	Pai Auditorium	Ms. Mahalakshmi	Health & Illness - Status in the Indian urban society

Sunday pm	12.30 - 12.40		10 min
STREAM	**ROOM**	**PRESENTER**	**TITLE**
Access & Equity in Health care	Zachariah Mar Dionysius Auditorium	Ms.Rajeswari Balaji	Womens access to good quality abortion care services
Health Care provides	Windsor Auditoirum	Dr. B. Nalini	The image of doctors - View of patients
General	Pai Auditorium	Mr.Jeemon	Characteristic of patients wit uncontrolled hypertension i rural kerala

Sunday pm	1.30 - 1.40		10 mins
STREAM	**ROOM**	**PRESENTER**	**TITLE**
General	Zachariah Mar Dionysius Auditorium	Dr.C.Sairam	Prevalence of smoking habi among the students of government medical college Hyderabad

Sunday pm	1.45 - 1.55		10 mins
STREAM	**ROOM**	**PRESENTER**	**TITLE**
General	Zachariah Mar Dionysius Auditorium	Dr.Thilavathi Subramaniam	A Social diseases : The present Scenario

ORAL PRESENTATIONS

IMPACT OF KNOWLEDGE OF AIDS THROUGH INTERVENTIONS

Baba saheb Kazi
CSS, SGU Campus, Surat

Objectives:
To study targets-groups of state-sponsored NGO interventions about change in knowledge of AIDS in a Western-Indian industrial city.

Method:
Fifty key-informants interviewed in-depth, while a survey of five hundred respondents was conducted. Sample drawn in two stages: sites were randomly selected from sampling frames; respondents were randomly selected from sample sites.

Results:
Group I
No difference was found between intervention area (A) and non-intervention area (B). A larger proportion from A than B cited two HIV-risk-reducing ways. Similar difference was observed in citing condom as one such way. Only a fifth were exposed to intervention.
Group II
A sizable proportion from A, while a small proportion from B did not know about AIDS. A large proportion from both areas cited at least two acceptable HIV-risk-reducing ways. A large proportion from B than A cited condom as one such way. Less that a sixth reported exposure to intervention.
Group III
A meagre proportion could cite two HIV-risk-reducing ways. A high proportion cited condom as one such way. About a half reported exposure to intervention.

Conclusion:
No major difference was found in As and Bs. Respondents in B were found relatively more aware, more safely behaved. There is a frequent shift in group I respondents' employing unit. Some possibly changed their units from A to B. In case of Group II, the nature of household in slums is crucial. Irrespective of interventions, grave misconceptions about AIDS exist.

COMPARATIVE STUDY OF WOMEN HEALTH STATUS IN I.C.D.S. AREA.

D.D.Bant.* P.V.Ashwant M.D. T.M.Shivaswamy, M.D *****
** K.I.M.S, Hubli,** M.M.C.,Mysore,***A.M.C., Mangalore.*

The I.C.D.S. is one of the most ambitious multidimensional welfare programme to reach millions o children and mothers in our country. This programme directly and indirectly decides Health status o women, in the form of knowledge, attitude and practice about pregnancy, child-birth, breast feedin infant feedings, malnutrition, etc. Keeping this in mind, a comparative study has been taken in I.C.D. area, which are located in field practice are as of the Department of P&S.M. Government Medica College, Mysore .

Objectives:

1. To assess health status of women in study area.

2. Influence of educational status of mother on growth and development.

A COMPARATIVE STUDY TO ASSESS KNOWLEDGE AND ATTITUDE OF MOTHERS TOWARDS SEX EDUCATION OF THEIR CHILDREN OF 11 - 18 YEARS OF AGE IN SELECTED RURAL AND URBAN COMMUNITY IN TAMIL NADU.

Bhima Uma Maheswari
Omayal Achi college of Nursing, Avadi, Chennai

To identify the knowledge of mothers regarding sex education towards children. To identify the attitude of mothers towards sex education. To compare the knowledge and attitude of mothers towards sex education between rural and urban community. To correlate the knowledge and attitude of mothers towards sex education in rural and urban community To associate knowledge and attitude of mothers with the #demographic variables.

Null hypothesis: There is no significant difference between rural and urban community mothers knowledge and attitude towards sex education.

Methodology: Research design - Non experimental design. Research Setting - Setting of the study comprises the two areas. Arakampakkam village (Rural Community); Perambur (Urban Community) * Population >143 mothers with 11 - 18 years (Rural Arakkampakkam); 150 mothers with 11 - 18 years (Urban Perambur)

- Sample Size > size 60. * Sampling Technique > Non Probability convenient sampling technique. Tools > Structured interview schedule. It consists of 3 sections.
- Section - A > Demographic data Section - B > Assessment of knowledge of mothers on sex education. Section - C > Rating scale to assess the attitude of mothers towards sex education. * Scoring - Section B > For every correct answer and wrong answer, marks of 1 and 0 awarded respectively Section - c > has 12 statements, The total score is 48 based on Likert 4 point rating scale* Data analysis and interpretation > Descriptive and inferential statistics were used.

Conclusions: The study concluded that Urban mothers had adequate knowledge and highly positive attitude towards sex education, when compared with rural mothers' knowledge and attitude.

PREVALENCE OF SMOKING HABIT AMONG THE STUDENTS OF A GOVERNMENT MEDICAL COLLEGE, HYDERABAD.

Challa Sai Ram, M.L.*S.Prabha, Kesiraju V.S.Murthy , B.V,N.Brahmeswara Rao*
Osmania ,Medical College , Hyderabad, AP

Objective: To assess the prevalence of tobacco usage in its smoking form (cigarette), among the students of a government medical college in Hyderabad.
Design: Cross-sectional
Settings: 142 medical students were selected randomly from a government medical college and questionnaires were given.
Social relevance: Legislation is of a severely limited measure in our socio-cultural set up, as seen from the incomplete implementation of various public health acts. Public education all age groups of the community, especially the teen-agers and young adults is seen to be more weighted intervention.; hence the need for increasing knowledge towards motivation for cessation of smoking is primary in our socio cultural setup

Results: Of the total students of 142, 135 responded to all the questions (90% response rate). Of which 67 were male respondents, and 68 female. The cigarette smoking was prevalent in 13.44% among the male students. Of which, the daily smokers were 4.48%, occasional smokers 8.96%. while nonsmokers were 86.56%. The prevalence rate of smoking among the female students was 1.47% in which there were no daily smokers. The occasional smokers were 1.47% ,while 98.53% were non-smokers.

Conclusion: Our study indicates that the habit of cigarette smoking is prevalent among students of the medical college. National efforts to monitor the prevention of smoking habit need to focus on college students and other young adults

UTERINE CERVICAL CANCER & PRE-DIAGNOSTIC ILLNESS BEHAVIOUR

CHEERLA UMAMOHAN, Malathi, M.S.
Dept. of Sociology, S.K.University, Anantapur

The paper seeks to analyse the pre-diagnostic illness behaviour in relation to Symptom Perception and Lay Response behaviour among the Uterine Cervical Cancer patients. The data are drawn from 150 patients, registered to undergo institutionalised interventions at KMIO, Bangalore. The data were elicited by administering structured interview schedule. Caste, education, occupation, income, type of family were considered as independant variables whereas place of residence, number of conceptions were taken as explanatory variables. Our analysis revealed variations in behaviour due to bio-medical characteristics. Defining symptoms and lay-response action were found to be complex.

Traditional values and social experience influenced the patients to take lenient view of symptom complexes and lay-response behaviour to evaluate the symptom episodes. The initial symptoms are vague and non-disabling. Symptomatology is influenced by age.

Differentials ($P<0.01$). Lay response is correlated with symptom experience duration; and is found to differ with employment education and place of living ($P<0.01$). The study reveals pre-diagnostic illness behaviour among uterine cervical cancer patients is less normative and is influenced by socio-economic and cultural factors.

Key words: Lay-Response, Symptom, Symptomatology

LEVELS AND DETERMINANTS OF UNTREATED AILMENTS IN KERALA

T. R. Dilip

Centre for Enquiry Into Health and Allied Themes (CEHAT) Vakola, Santa Cruz (E), Mumbai

Objective: This paper examines the levels, reasons and determinants of untreated ailments reported in Kerala.

Methods: Data from National Sample Survey Organization collected during the 52nd Round (1995-96) 'Survey on Health Care'. The sample size includes a total of 2351 persons who reported to have fallen ill during the last 15 days prior to the survey. As per the survey definition, untreated ailments included; self-medication and home remedies and no care. Bivariate and Multivariate analysis is performed to find out the effect of selected background characteristics of the ailing person on risk of ailment remaining untreated.

Results: Multivariate analysis confirmed a higher prevalence of untreated ailments among the economically weaker sections of the society and in older age. Majority of the untreated ailments were considered as 'non-serious' and ailments were in the initial stages, indicating an initial delay in treatment seeking process in the population. Income and regional differences indicated that willingness to seek treatment has been influenced by economic status, as well as exposure to health care services.

STUDY OF PREVALENCE OF BLINDNESS WITH RELATION TO CATARACT SURGERY OF THE FIFTY YEAR PLUS POPULATION IN PARKASAM DISTRICT, ANDHRA PRADESH

Divakaruni Sarath Mohan, Chandaram Balakrishna, Bonnalapati Brahmeswara Rao.
Department Of Community Medicine, Osmania Medical College, Koti, Hyderabad

Research question: To study the prevalence of blindness with relation to cataract surgery of the fifty – year plus population in Prakasam district, AP.

Main objectives: 1) To estimate social and economic blindness
2) To compare operated versus non-operated in social blindness

Study design: Cross sectional study

Study setting: Done in Prakasam district of AP. 2000 people are examined in 20 clusters, each cluster containing 100 study subjects.

Study participants: people above 50 years of age chosen as the participants.

Statistical procedure: Proportions and Chi square test done.

Sociological relevance : Prakasam district is equipped with reasonably good cataract care infrastructure and coverage The transport system in the district is backward. Even then the magnitude of social and economic blindness continues to be high. Hence, the social patterns leading to high cataract morbidity are studied.

Results: Incidence of social blindness is increasing with the age and visual acquity found similar in all places in India , AP occupied the first position in performing cataract surgery but there is no comparable deference with IOL surgery. Aphakia glasses are still prescribed in AP. Private surgeons operated higher proportion of cases with less than 3/60 visual acquity.

Conclusion: Social blindness in AP is 7.66%, compared to the other states. 12.5% in economic blindness, not much difference is found.

BURDEN PERCEIVED BY THE FAMILY MEMBERS OF THE REHABILITATION PERSONS WITH SPINAL CORD INJURY

Guru Nagarajan. S, Venugopal. K, Elango. A, Geogre Tharion, Bhattacharji.S
Department of Physical Medicine and Rehabilitation, Christian Medical College and Hospital, Vellore .

Spinal cord injury is one of the most disabling conditions. This paralysis not only affects the individual, but also shatters the whole family. Rehabilitation of a person with spinal cord injury (SCI) is a long process, which assists the individual and the family to cope with disability and help them to reintegrate into the community. In order to evaluate the extent of the burden perceived by the family members of the persons with SCI, a descriptive study was conducted. The family members were actively involved during the entire process of rehabilitation and subsequent follow-up. Forty-five spouses/parents of the persons with SCI, who were rehabilitated and regularly followed up by the Department of Physical Medicine & Rehabilitation, CMCH, were selected by using Simple Random Sampling technique. They were administered the Pai and Kapoor scale (1981) to assess Family Burden. The results were statistically analysed. Sixty four percent of the spouses/parents indicated no burden at all; 31% indicated moderate burden and only 5% revealed that the burden is severe. The family burden score did not show statistically significant correlation with age, martial status, vocation and duration of disability. This study concludes that majority of the families were coping with the disabilities associated with **SCI.**

AWARENESS & AIDS

INDRANI DASARATHAN. SARA. B
College of Nursing, Madras Medical College, Chennai

"Think globally and act locally has thrown light to do the study to reduce the burden of HIV / AIDS on the society.

Objectives:

1. To assess the knowledge of family members.
2. To assess the attitude of family members.
3. To correlate the knowledge with demographic data

Methodology:

The research approach adopted for this study was descriptive design. The population were family members of AIDS patients in TB Sanitorium, Tambaram. The sample size consisted of 25 family members selected by simple random sampling using lottery method. The tool comprised of demographic data, source of information regarding HIV / AIDS and interview schedule with 25 questions on knowledge aspects of 10 questions on attitude. The tool was validated by the experts in this field. The data obtained from the study was analysed in terms of mean percentage and correleation.

Results:

The major findings of the study were

1. The source of information, family members made use was mostly from Television and Radio and other media's have not reached general publiv.
2. The knowledge regarding the information about HIV / AIDS was inadequate (80%). The knowledge regarding the prevention of HIV/AIDS was adequate.
3. The knowledge regarding the prevention of spread of HIV/AIDS patients while caring is inadequate in some areas.
4. There is strong correlation between the educational status and knowledge regarding HIV/AIDS.
5. The attitude regarding HIV/AIDS was very good among the family members of AIDS patients.

Conclusion:

From the study, we infer that knowledge regarding information about HIV/AIDS was inadequate and the source of information given to the family members to be focussed through other resources like magazines, theatres, school teachers etc. Guideline (or) teaching has to be given to family members regarding care of patients with HIV with aim of preventing the transmission and motivating towards holistic care – physical. Psychological, social and spiritual care.

AN EXPERIENCE IN HEALTH CARE AND ILLNESS WITH SPECIAL REFERENCE TO CARDIAC AILMENTS.HOLISTICHEALTH PRACTICES LEADS TO WELLNESS -A STUDY REPORT

JACOB JOHN
Low Cost Health Care through Holistic Health, Chennai

Introduction : Today's exacting and competitive life has devastating effect on our health .Holistic health practices help us to live a healthy life through SELF -AWARENESS and SELF - RESPONSIBILITY .

Objective : The objective of this paper is to highlight the fact that Holistic Health practices help to control stresses and stimulates a high level of wellness .It compliments cure and helps patients with cardiac problems to live a healthy life .Holistic health practices avoids the need for an emergency treatment .

Methods : Holistic health practices are preventive , promotive and curative .Preventive because this practice emphasizes the fact that human beings have the capacity for SELF- HEALING and SELF-PREVENTION .Holistic health practices advocates a humanistic approach to health .It promotes health through SELF-AWARENESS and SELF- RESPONSIBILITY .This is a difficult and long process ,but the important thing is to begin the process step by step .Holistic Health practices ,compliments cure because it makes the patient understand ,have faith and accept the treatment in a positive fashion. Mind plays an important part in cure .Through positive attitude and expression of thoughts ,the patient is able to de-link pain and anxiety .This brings about de- sanitation that causes the patient to relax thus reducing the discomfort and pain .This aspect is supported by three case studies (case studies are given in the full paper on the same subject submitted vide our letter dated 20 April 2002).Psychological and spiritual healing can be effected by acknowledging the need to surrender oneself to the higher power through conscious meditation which promotes a healthy life. Holistic Health practices regulates the emotional impact of the illness by making the patient understand the medical condition and learning to cope , accept and hope .

Results : Holistic approach to health brings about WELLNESS through SELF- RESPONSIBILITY and SELF –AWARENESS .Emotions, conflicts and stress are regulated and transformed into joy, peace and tranquility which provides the energy to face the realities of life and remain healthy .

Conclusion : Holistic approach to health is a deliberate and conscious effort to be healthy .It gives WELLNESS and not just relief.

PSYCHOSOCIAL IMPACT OF CANCER IN INDIAN WOMEN

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The rising incidence of cancer in India augments the need to determine the psychosocial impact of the disease on Indian women. Ignorance, social mis-beliefs, low economic status add to the stress of cancer diagnosis and treatment. This paper highlights the results of various studies conducted at KMIO, a regional cancer centre in South India, which registers about 12,000 new cancer patients every year. Studies on awareness showed that though 75% knew they were suffering from the disease for > 3 years, only 53% felt they needed treatment. 70% are ignorant of disease symptoms. Despite the awareness that Cancer is a killer disease in 73%, only 40% came for examination. 34% felt health of the family was more important. Social mis-beliefs rate very high among the rural groups which form 80% of the patients. Treatment created financial burden in 83% and 65% had to take loans. 50% of the spouses could not attend to their jobs. Social stigma affected 30%. Among patients with early cancer, the most frequently reported psychological problems are negative emotions like fear, anger and depression before and immediately after treatment. Most view the loss of a breast as a damage to one's identity and body image. Anticipated hair loss caused considerable anxiety. Wigs and prostheses are unaffordable for the majority. Quality of life issues related to long-term survivorship are also challenges to be faced. A sense of uncertainty and shortened life span were prominent among patients with advanced disease. Thus, the study of various dimensions of psychosocial stress among cancer patients in India, indicates a tremendous impact on the final outcome of treatment. Much needs to be done in educating and increasing awareness among Indian women and enhancing the sensitivity of the health care providers to the intense psychosocial stress experienced by the patients to help them cope better.

CHARACTERISTICS OF PATIENTS WITH UNCONTROLLED HYPERTENSION IN RURAL KERALA

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Purpose
To examine the barriers at the level of patients, physicians and health care settings those preclude hypertension control in rural Kerala
Methods
Study involved different steps, sequentially linking qualitative and quantitative research by using a pre-structured framework for data collection and analysis. Uncontrolled hypertension is defined as a systolic blood pressure of ≥140 mm of Hg and a diastolic blood pressure of ≥ 90 mm of Hg in known hypertensive patients with not less than one year history of high blood pressure.
Results
The sample consisted of 150 hypertensives and 111 primary care physicians. The main factors determining the control of hypertension were found to be compliance to treatment, prescribed diet and prescribed exercise and consistency in allegiance to a particular system of medicine. Those who are using extra salt, under mental stress and smokers were found to be at greater risk of developing uncontrolled hypertension. More than 50% of the physicians reported the most important reasons for uncontrolled hypertension are inadequate treatment and non-compliance to treatment prescribed. Many of the physicians do not recommend treatment to patients whose diastolic blood pressure ranged from 90-100 mm of Hg, thereby under-diagnosing patients with persistently elevated systolic blood pressure alone.
Conclusion
The main reasons for uncontrolled hypertension at the patient level in rural Kerala seem to be non-compliance in life style modifications and drug intake. The physicians and the health care facilities are not equipped and conditioned to provide the life style modification, education, and the emphasis is mainly on prescription of drugs.

STIGMA IN TUBERCULOSIS

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India has provided an environment in which tuberculosis can thrive. The stigma attached to tuberculosis has not diminished over the years. Since tuberculosis was incurable in the past, tuberculosis patients used to be isolated from society and treated in sanatoria.. It is well known that TB can be prevented in newly arriving immigrants through a six-month course of preventive treatment among those exposed to the bacteria. But compliance is also affected by the social stigma of the disease, misunderstandings about symptoms and the best treatment, and the tedium of daily long-term therapy. Tuberculosis, therefore, becomes a social stigma. This study proposes to understand to study the social stigma of tuberculosis patients and of their family members.

Objective: To study the social stigma in tuberculosis patients and to find out the stigma in family members and co-workers.

Study design: Qualitative study using in-depth interview techniques.
Study sample: Patients attending the outpatient department of the Government Chengalpet Medical College Hospital and for whom treatment for tuberculosis was started formed the study population.
Sample size: 30 patients were interviewed.

Results: Thirty tuberculosis patients were interviewed. They were aged between 24 to 60 years .Of these, 23 were male and 7 were female. All the patients were married, except one. All the patients were Hindu and working as a coolie or an agricultural laborer. Five patients were literate and rest of them were illiterate. From the interview of 30 patients, it was found that patients did feel that they were stigmatized in social setting and by family members, relatives and by co-workers. To conclude this, from the 30 patients interviewed, we have found that most of them are stigmatized with family members, co-workers and also socially. And a few of them were cared by their relatives.

ETHICS IN AIDS CARE AND CONTROL

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The AIDS control programme, like any other programme, thrives within a nexus of knowledge claims and social values, as well as economic and political pressure. Moral understandings, particular views of good life and accepted social roles, expressed in often taken for granted norms, play an important role in research, programme advocacy and related theory construction, especially more so, for a disease like AIDS.

The question is on what grounds do we evaluate these ethical issues in AIDS care and control with particular reference to India? Is the source of legitimacy external or internal to modern medicine? Three influential perspectives have been offered in recent literature: accounts internal to medicine, accounts external to medicine and a mixed internal and external accounts. The first defends an ethic derived from the professional standards of modern medicine practice. The second maintains that precepts in ethics of AIDS care and control rely upon and require justification by external standards, such as those of public opinion, law, religion and philosophy. The third claims that distinct ethics have to emerge from the distinct socio-economic and cultural frame-work, each with norms that govern the programme. There is merit in each perspective and has supporting arguments, but they fail to appreciate what is legitimate in the treatises of their competitors. This paper proposes a fourth account from a public health perspective that offers to retain the most attractive features and to escape their limitation. It discusses issues in the concrete through illustrations from specific debates in the Indian context.

MANIFEST AND LATENT YAWS IN TRIBAL SOCIOECONOMIC COMPLEX IN KAMMAM DISTRICT OF ANDHRA PRADESH

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Research question:

Why should we find people affected by yaws even in 2002?

Objectives:

1. To study the prevalence of yaws in a tribal population.
2. To compare manifest and latent yaws in relation to socioeconomic factor complex.

Study design: Cross-sectional point prevalence study

Study setting: the population of a fully operational tribal area, tribal health center (42,000) is studied for the prevalence of yaws.
Study variables: main demographic and socio economic factors effecting yaws, i.e., age, sex, literacy, caste, occupation, income, overcrowding, hygiene and clothing.
Statistical analysis: proportions, chi-square test.
Results: manifest yaws is seen to be in higher association with periodic age group, male, sex, illiterates, scheduled tribes, low-income groups, partial clothing habits and non-usage of soap. The habit of bare footedness is not seen to be liability for yaws, compared to usage of footware.
Sociological relevance: Inspite of residing in a fully operational PHC area with functional implementation of national health programs, yaws is still seen even today .
Enlightening of community cooperation in this tribal area is to be complimented with medical service to break the socioeconomic factor complex leading to yaws.

RATIONAL DRUG POLICY AND ACCESS TO HEALTH CARE

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In a country like India, on an average, the different State governments spend only about 15 per cent of the total per capita social expenditure on health and sanitation. In the absence of health cover for majority of the population, serving the populations that is dependent on the resource constrained Government Healthcare Systems (GHS), is possible only by adopting a rational drug use policy. The World Health Organisation, after assessing the country's medical needs, has arrived at an `Essential Drug List' (EDL), which consists of about 400 formulations. However, since this list has not been made mandatory, the GHS often assess the drugs requirements in the different GHS, according to the past demand and procure the same from the manufacturers by bidding tenders. This has resulted in GHSs buying the branded drugs, instead of generic drugs, which leads to budget overruns and shortage of drugs. With the result, the patients are asked to buy the required medicines from the open market, which they are supposed to get free of cost from the GHS. This also leads to irrational drug prescription and unnecessary medication. Realizing the serious shortfalls of such a haphazard drug procurement system, as many as 11 State governments have resorted to formulating a Rational Drug Policy for their States and have successfully implemented adopting an EDL. Such reforms have greatly enhanced the rational utilization of the budget and the availability of the drugs in the GHS increasing the access to the medicines by the public.

IMPLICATIONS OF SOCIO-CULTURAL FACTORS ON FOOD-BORNE OUTBREAKS AMONG THE TRIBALS IN SOUTHERN ORISSA

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Introduction: Tribals in Orissa are mostly marginalized agricultural laborers with low socio-economic and literacy status. Tribals face problem in getting rice and common food items very often due to their poor purchasing ability. It becomes acute during a natural calamity. They have evolved other food habits in peculiar cultural pattern. In the year 2001, the Southern districts of Orissa were badly affected by drought. This was immediately followed by flood. During this time, food-borne outbreaks occurred in three villages of Kashipur, an under-developed tribal block of Rayagada District.

Objective: To review the implications of socio-cultural factors among the tribals of Orissa with respect to food-borne outbreaks.

Methods: We reviewed the investigation reports of the food borne outbreaks by MKCG medical college team and doctors from UN, Bhubaneswar. We made field visits and interviewed the health personnel, survivors of the illness, relatives of the deceased, villagers and community volunteers. We also reviewed the medical records from District hospital, Community Health Centre of the Block and Additional Primary Health Centre, where most of the cases had been treated.

Results and conclusions: The case fatality rate was very high in each of the three outbreaks. All the victims had the history of taking mango kernel gruel prior to the onset of illness. The authorities suspected mango kernel gruel as the cause of the illness. The Government collected all the mango kernels from the affected villages and implemented "food for work programmes". Tribals of this part of Orissa have the age-old practice of eating cooked mango kernel gruel during the lean periods. The traditional methods of preparation and storage of mango kernel gruel are unhygienic. We suspect that this could favour the growth of infective and /or toxin-producing microorganisms. We suggest that there should be culture friendly health education programme on hygienic way of food preparation and storage.

HEALTH & ILLNESS STATUS IN THE INDIAN URBAN SOCIETY

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This is the decade of **"Health care"**. The emphasis of the planners, policy makers, and investors has shifted from core industries to agriculture to IT to **"Hospitals and Health care". "The signals of change"** indicate an increase in the number and specialty of corporate hospitals. Industrialists and investors are looking for opportunities in Hospitals. Continuing medical education is getting more meaningful. Inflow of overseas patients coming to the country for treatment is increasing. The average Indian has become more health conscious and is willing to spend money for medical treatment. Thus, one can sense the change that is taking place in the health care industry. This is the time we should reflect and take stock of the achievements, quality, level of resources and plan on **"where we want to be in the global scene".** Modern medicine and effective hospital care are still essentially an urban phenomenon in India, wherein 2/3rd of the hospitals and 80% of the beds in the country are in the urban area, while only 30% of the total population lives in urban areas. 1300 persons are served with one bed. Only 5 States – Maharashtra, Kerala, Gujarat, West Bengal and Tamilnadu contain 53% of the total number of beds in the country. We have only 45 nurses per lakh of Indian population as against 96% in a developing country. Approximately, 45% of the national health care expenditure comes from households and 21% from private sector, proving the immense potential for revenue. While the government initiatives have recorded some noteworthy successives by eradication of smallpox, guinea worm disease, substantial drop in the total fertility rate and infant mortality rate, the National Health Urban Survey reveal an alarming picture by an enormous increase of communicable diseases like HIV, AIDS and lifestyle diseases like diabetes, cancer and cardio-vascular diseases.

When compared to International Health Standards, based on Framingham study of USA and Canadian National Health Survey 1999, our National Urban Indians are reported to score very high on cardiac risk, hypertension status, and diabetes, obesity. The status of sexual safety in India poses a major threat. As per WHO estimate of the World, out of 200 million STD cases, 50 million belong to India. WHO predicted that by 2000, India would have 5 million HIV_+ cases and 1 million full blown AIDS cases. The 1000 figures of HIV+ cases are already 4 million. The survey revealed 14.46% of deaths to be caused by automobile accidents caused by drinking and driving, and non-adherence to traffic rules, which is fast emerging as the 3^{rd} major factor after cardiac and cancer in health care cost.

It may be concluded that the majority of urban Indian do not exercise, are physically unfit, overweight, eat inappropriately have high levels of stress, are time pressured and suffer a whole range of psychosomatic disorders. This majority of 67.08% are destined to have cardiac related ailments. Only less than 15% are completely healthy and adhere to rules of good health and appropriate lifestyle.

A PSYCHOSOCIAL STUDY ON CARETAKERS OF THE MENTALLY ILL WOMEN UNDERGOING SPIRITUAL HEALING

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In the modern world, people still take the mentally ill persons to religious places with strong belief. Their life is in danger and their human rights are violated, though the National Mental Health Policy, Mental Health Act, Supreme Court judgment on Mental Hospitals and media involvement in Mental Health Education contributed to a movement for better care services.

Objective: The present study is to identify the psychosocial problems of caretakers of mentally ill women undergoing spiritual healing at St. Antony's shrine in Uvari, Tamil Nadu.

Methods: The design of the study is Exploratory. The tools used were Structured Interview Schedule, Brief Psychiatric Rating Scale and Interview Guide. The respondents were selected according to the sampling criteria.

Results: Sixty Four per cent of the caretakers are mothers of the patients, whose mean age is 46 years. 46% are illiterates from rural areas. Patients mean age is 29 years. The duration of illness is 7 months to more than 12 months. 32% patients are staying for the period of 1-3 months. 84% patients have not consulted psychiatrists. 54% of them think 'spirit possession' as cause for the mental illness. 62% of the respondents feel 'some what' difficult to take care the patients, though they are against admitting the patients in mental hospitals. 50% of their severity of illness is 'moderate'.

Conclusion: The study revealed the importance of Mental Health Promotion programs, need for an epidemiological study and the establishment of a Mental Health Unit at the Shrine.

THE IMAGE OF DOCTORS – VIEWS OF PATIENTS

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Medical profession occupies a prestigious position among all other occupations. It ranks almost th top of the career choice of the youth. The reasons for such place of medicine in the hierarchy are a follows: a) the high esteem the doctors hold in the society b) the income they draw c) independen organization d) the mandate the profession can exercise. Doctors have to work in a network institutions and heterogeneous group of patients. The success of a doctor depends not only on h skills in practice but also his approach to the patient care. It is ultimately the 'patients' who have validate his treatment as 'good'. The doctors are no more regarded as 'God'. Patients expect docto to be cultured persons with insight into human relationships and not merely technical persons.

The present research studies the views of patients on doctor's role, applying Weberian concept 'Ideal Type'. The research aims to a) construct a model or ideal type of 'doctors' in the prese society b) enumerate the role expectations of doctors by the patients c) the actual role performance doctors as perceived by the patients.

The sample of the study are the University professors and less educated rural people. The size of th sample is one hundred, 50 in each category. The data are collected with the help of an interview schedule in which the doctors are graded on three aspects namely their applications to diagnosis, human approach in treatment, suggestion for health promotion and their image as perceived by the patients. The research reveals the 'image of doctors' as high while the actual performance is to be refined further

FACTORS DETERMINING TREATMENT COMPLIANCE IN ORAL CANCER AND PRECANCER

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Oral cancer (cancer of the oral mucosa and lip, excluding the skin) is one of the ten most common cancers of the body in the world and the most common cancer in the Indian subcontinent. In India, almost all cancers are known to occur in existing precancerous lesions. Despite the presence of modifiable risk factors, *viz.*, the use of tobacco and alcohol and potential for easy detection and complete cure, if detected early, especially in the precancerous stage, oral cancer continues to be a scourge in India due to poor public awareness of symptoms of oral cancer, lack of sufficient screening programs and poor compliance with treatment following diagnosis. Identification of predictive factors and high-risk behavior can thus help identify and prevent possible non-compliance and ensure better cure rates for oral cancer and precancer. A qualitative study of non-compliant patients and their respective care-givers was undertaken, with a comparison group comprising compliant patients with similar conditions and their respective care-givers, in order to explore the psychosocial factors which affect treatment compliance in patients diagnosed with oral cancer and pre-cancer. A specifically designed semi-structured interview schedule was used, and the interviews were tape recorded, transcribed and analyzed. It was found that compliance was largely determined on the first contact of the patient with the doctor. The importance of the provider's role was obvious and he emerged as an important person who could influence compliance. There is a need to inform the patient about all aspects pertaining to his disease and keep him informed about progress and side effects Unfortunately, doctors were frequently overloaded and were unable to spend sufficient time with the patient, and this had adverse effects on compliance. Also, the care-giver was not always the spouse or immediate family members, and frequently not the person who accompanied the patients during the initial visit. Hence the need to identify the primary care-givers and counsel them is underlined. This could call for a change in the clinical setting with involvement of health social science personnel and other health professionals like psychiatrists and psychologists. It was also perceived that a concerned follow up, if built into the system, could enhance compliance. It emerged that similar factors pertaining to finance, distance from treatment center, symptoms, awareness, etc. operated in both compliant and non-compliant patients and no significant difference emerged between them. However, degrees of motivation, family support and attitude differed between them, though single factors could not be pinpointed or picked up. A general need for increasing awareness about cancer and precancer, its treatment, adverse effects and outcomes was perceived.

IN SICKNESS AND IN HEALTH - THE MEDICAL SOCIAL WORKER'S MULTI-FACETED ROLE; AN EMPIRICAL ASSESSMENT

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Of late, it has been widely realized that for the average client and patient, more needs to be done outside the institution / hospital than inside. And the medical social worker has to perform a vital role in this linkage.

The present paper is based on empirical observations, a content analysis of medical doctors' views on social work and a patients' own views and experiences.

The picture that emerges is that doctors as heads of the medical teams have multi-faceted expectations from the professional medical social worker. The patients' too aver that the medical social worker brings relief of various kinds to sufferers, reunites families, comforts individuals and renders the community a better place to live in.

The question that arises therefore, is how best can a medical social worker perform her tasks and manage resources and how she could discharge the duty cast on her by the medical team, by the patients' own situation of distress and deprivation, and by the community.

In all this the doctor's perception of the medical social worker's functions are of utmost importance. Not only because of their prestigious and universal role in allaying human misery, but specially because they have indefatigably championed the cause of social work at local international levels. The doctor is the medical social workers' ally, mentor and well-wisher.

The "elective affinity" (a sociological concept) evident in this bi-lateral alliance will be highlighted in the seminar paper

UNIQUENESS OF WOMEN'S HEALTH & EMPOWERMENT PROGRAMME

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In the country, from the past it has become more than a well known fact that all Maternal and Child programmes (by whatever name they are called) have targeted communities for population control as their primary objective. RCH is no different though it has started with lot of fanfare. The RCH package clearly shows that family planning is the major component in this programme and all these activites are individual based and still it is a top down programme, controlled by one department without any intersectoral coordination. The activites of RCH are predominatly family planning oriented and hardly different from earlier programmes (MCH, CSSM, etc) with the empowerment component completely missed out. What is the Alternative? Women's Health and Empowernment Programme: Objectives of the WH and E programme:

1. Increase women's self confidence so that they can handle and play a major role in the family and community,
2. Create pressure on existing Govt facilities to provide better services,
3. Untilze a Multi-Sectoral approach,

Unlike the RCH programme , the Women's Health and Empowerment programme lays emphasis on the overall development of women and treats women as a partner and not as a client. This is all the more vital for the sustainability of the programme even after funding ceases. This programme was developed after detailed discussions between NGOs (who are working both at grass root level and state level) and MOHFW , Government of India. Thus stakeholder interest was established. Experiences in this project for the last two years have shown that women collectively have taken a lot of initiatives independently at the community level in their respective SHGs which has not happened in RCH projects, because it is still controlled by the department and the community has not owned the programme. Moreover, the trainers who were trained in turn trained other grass root workers and thus through multiplier effect a larger number of women could be reached. Women's Health or Development programmes should always concenrate on partner's one strength and not on their Vulnerability. Women's Health and empowerment are in totality and not just as reproductive elements. Our experience in the project has shown that if the project has to be sustained it needs to be empowerment-oriented and enabling-based and not providing and client-based. For sustainable programmes we need partners and not participants.

PATTERNS OF DISCLOSURE AMONG HIV POSITIVE PATIENTS AT YRGCARE, CHENNAI, INDIA

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Objectives: To describe the patterns of disclosure among clients receiving care from a tertiary HIV care center.

Methods: This Study was carried out at YRGCARE , Chennai,India. New patients over 18 years of age were recruited from April 2000 to December 2001 and followed for up to eighteen months. The sample was stratified by sex and stage of disease. Information was collected from the study participants using and interview- schedule. Descriptive statistics were used to analyze the data and the results shared here are from the first two interviews(N=229)

Results: The mean age of women was 29.1 and 32.8 for men. 49% of the study population were married and living with their spouse, 29% of women were widowed and 22% of men had never been married. Patients reported that prior to coming to YRGCARE 60% had disclosed to spouse, followed by mother (46%), sibling (42%), other relative (43%), father (38%) and friends (28%). By the second interview we observe that 91% had disclosed to the spouse, 73% to a sibling, 66% to mother and other relative, 59% to fathers, and 43% to friends.

Conclusion: The increase in information-sharing about their HIV status among this cohort of patients attending YRGCARE can be attributed to counseling services offered by YRGCARE.

PROBLEMS FACED BY PERSONS WITH HEMOPHILIA IN CHENNAI

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A study on the problems faced by persons with Hemophilia was conducted in the Hemophilia Society, Madras Chapter in Voluntary Health Services, Adayar. The Research Design chosen was Exploratory in nature. Non Random Purposive Sampling technique was used with the following criteria. (i). Respondents should be in the age group of –3 yrs, (ii).Unmarried, (iii). Living in Chennai. The sample size was 30. An interview Schedule was used for Data collection. The main findings of the Study were, ten percent of the respondents were unemployed and school dropouts due to their severe bleeding condition. Few major psychological problems faced by the respondents; felt inferior to others, thirty four percent experienced very often, another thirty four percent often experienced depression and thirty six percent were often getting frustrated. Twenty three percent were treated by their relatives as patients and seven percent of the respondents were treated by friends as patients which greatly affected their social interaction. This study also revealed that twenty two percent of the respondents were frequently absent to college or work spot due to their severe bleeding condition. The following suggestions were offered based on the main findings, that there is a need for career counseling and guidance to place them in an appropriate and less risky jobs. There should be Social, Medical, Psychological and Vocational Rehabilitation measures to help these respondents to cope their problems effectively. The government should take initiative Hemophilia in the persons with Disability Act 1995, so that the respondents can get the benefits under this Act.

PSYCHOSOCIAL EFFECTS AND COPING MECHANISMS IN-PATIENTS WITH CLEFT LIP AND PALATE.

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To maximize the chances of a positive outcome in the care of cleft affected individuals, patients who are concerned about their appearance or who experience psychosocial problems need to be identified to rehabilitate them psychologically.

Objective: This study explored the psychological and social impact on patients with Cleft lip and palate and also about their coping behavior.

Study design: Qualitative study using interview guides.

Participants: 25 cleft lip and palate affected patients with a mean age of 20yrs was interviewed.

Results:. It was seen that patient with cleft involving only the palate expressed less social problems when compared to patients who had cleft of the lip also. It was encouraging to note that 85% of the patients were literate, making a good effort to study, even though they are going through difficulties in their young studying phase, The results of this study suggest that cleft lip and palate patients are facing problems right from start, undergoing surgeries and therapies. They undergo difficult and delicate situations when people around tease them about their looks and speech. It was well seen that cleft lip and palate patients resort to various methods of coping to reduce the distress caused by their illness; the most common being religious, like praying to god and going to temples.

Conclusions: From this qualitative study we can conclude that cleft lip and palate patients are facing psychological and social problems and it is important for us to counsel them regularly so that we can improve the quality of their life. Interventions such as social interaction skills training should be given to these in order that the patients self esteem and self-confidence will be increased. For patients who are unable to cope with their condition we can teach them more effective coping skills so that we can reduce their vulnerability. It is important that we make the patients our partners in successful rehabilitation so that we may perhaps enable the patient to live a better life and enhance their efficacy.

ASSESSING PERCEPTIONS OF MALARIA AMONG THE REPRESENTATIVES OF GRAM PANCHAYATS AND EXPLORE THE POTENTIAL FOR INTERSECTORAL COORDINATION.

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Paresh Kumar*, AP Prahlad* Ravi Narayan*

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The **Objectives** of our investigation was to explore the role of Panchayati Raj Institutions (PRIs) in malaria control and seek their enhanced participation and partnernship with the Health sector. This exploration necessitated understanding the perceptions of Gram Panchayat presidents and secretaries on issues related to Malaria and its control, since they are the key representatives and leaders of PRIs at Gram Panchayat level.

Methodology :Gram Panchayat presidents and secretaries representing all 28 Gram panchayats of *Chikkanyakanhalli* taluk in Karnataka were invited for a one day workshop. Deliberations with the participants (n=32) shed light on the perceptions among representatives of PRIs on various aspects of malaria with respect to their knowledge,attitude and practice visa vie malaria and its control.

Results: Knowledge of the malaria as a disease was fairly good as they were well aware of it being a communicable disease and its transmission by mosquitoes. Knowledge about the breeding sources of malaria mosquitoes (Anophelines) was poor. Many practices in vogue to control mosquitoes at community level were unscientific. There was a general negative attitude towards the government's handling of malaria problem and credibility of Health care system.

Conclusion:. Existence of Health committees in every Gram Panchayats coupled with their jurisdiction and responsibilities towards sanitation, water supply and health care resources, make PRIs a natural partner to Health sector.
Health education and public health intervention strategies should be based on generic principles of science but the implementation and operational specifics should definitely be based on sociological perspective of the target community.

WOMENS ACCESS TO GOOD QUALITY ABORTION CARE SERVICES

RAJESWARI BALAJI
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Objective
This paper attempts to examine the factors affecting the women's access to good quality abortion care services. It will also attempt to explore the reasons as to why women turn to unsafe hands for abortion services.

Methods
The methods used would be extensive literature reviews, supported with data sets from NFHS, Survey of Causes of deaths, RCH etc.

Results
Time series data from 'Survey of Causes of Death' indicates a steady increase in the percentage distribution of maternal deaths due to abortion from 11% in 1989 to about 17% in 1995. These trends indicate the level of unsafe and hazardous conditions under which women are continuously availing bad quality abortion services. A matter of concern here is that though abortions was legalized under the Medical Termination of Pregnancy Act 1971, it has not helped women avail safe and legal abortion services. There are a number of reasons due to which women turn to quacks for such clandestine and fatal abortion services such as confidentiality, low cost of travel, marital and socio-economic status, lack of consensus and support from the family members and so on. The factors that affect safe abortion services are its accessibility. approachability, affordability and availability of these services at public health centers.

Conclusion
Thus if women need to access good quality care ,abortion care facilities need to be made available at public health centers with services being provided by trained and skilled personnel with post abortion counseling.

NURSES SOCIO ECONOMIC STATUS

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A descriptive study was conducted at selected hospitals in Chennai to identify the socioeconomic status of working nurses. The sample consisted of six seventy nurses selected by random sampling. Using a structured interview schedule data was analyzed by differential statistical methods. Social profile of the nurses revealed that 49%(324) were in the age group of 30-39 years, 96% (641) of them female and that 65%(436) belong to Hindu religion. The academic and professional education status was showed that 80%(539) were diploma holders. Nurse's family profile projected that 74% (493) were married. Out of these 38% (257) of the nurses married and graduated worked in government sectors. It was interesting to note 35% (231) of them adopted two-children norm. Residence profile data revealed that 69%(461) of the subjects had nuclear families, 46%(307) were living in a rented house, 65%(432) lived in an urban area and 56%(377) had to travel more than 10 kilometers to their work place. It is exciting to see the parent profile, which showed that 43%(286) of the nurse's fathers had secondary level education whereas 40% (306) of the nurse's parents belong to rural community and 57% (379) have their own houses. Economical profile of the respondents revealed that 49% (328) of the nurses family income was from Rs.500-10,000 whereas 32%(213) of there parents income was only Rs1000-2000. Social relationship profile projected out that 91% (607) maintained positive relationship with parents. Overall this study revealed that nursing profession still dominated by females and nurses don't continue their education after diploma.

PSYCHOSOCIAL ASPECTS OF SCHIZOPHRENICS

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Schizophrenia is equally prevalent in men and women. The family milieu affects psychosocial problems and in turn affects schizophrenia. It is like a cause and an effect. It exists among all groups and is constant across cultures.

Need for the study: Numerous social factors are ill balanced some are property, ignorance, migration, urbanization, stress, changing pattern of life, employment, population explosion, slums, working parents, child feeding and waning practices, child labor, social unrest, violence etc.

Objectives:
1. To study the social factors of schizophrenia
2. To study the social factors contributing to schizophrenia
3. To study how schizophrenia contributes to social problems

Methodology: In the descriptive research method one hundred schizophrenics were studied.
Tools were:
1. Identifying information
2. Socioeconomic scale
3. Axis IV of D.S.M.IV
4. Psychosocial assessment tool

Data collection procedure: Every week two samples were interviewed
Data analysis:Responses were analyzed by univariate and association using S.P.S.S

Findings:
Schizophrenia affects both men and women with equal frequency. Less educated and low socia category are brought to Mental Hospital. Academic problems and inadequate school environment ar equal. Economic problems are inadequate finance, insufficient welfare support and extreme poverty Support and extreme poverty. Unmarried live with parents. Schizophrenic's family is close an affectionate. Favourite recreation is viewing T.V, Majority are from villages. Family income is nc enough to live on. They use maniac religious treatment. Their social, family, financial an employment judgements are poor.

Conclusion:
Less attention given to schizophrenics.
Schizophrenia is a social taboo and neglected tragedy.
It is an indicator of social in-equality.
Doorstep care is not provided.
Preventive schizophrenia to be concentrated.

PSYCHO- IMMUNE MAINTENANCE FOR AIDS PATIENTS THROUGH PHYSICAL THERAPY

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Objectives:
Management of Mental stress and general health of the AIDS patients. Provide psychological, physical, and social support to AIDS patients. Treat the patients on humanitarian basis and to produce a healthier society. Be a part of the dedicated team of health care professional to make AIDS patients life substantial.

Immune psychological and physical dimensions in a person are interlinked. The immune deficiency is physical and socially. Reducing the stress and improving the general health of a patient can produce dramatic, desirable effects in overall maintenance of the patient. Physical therapy, by its proven methodologies is inseparable in this context. This paper deals with the ways which can make the above objectives happen. This includes relaxation techniques, therapeutic and manipulatory therapies. These domains of physiotherapy can make "Happy and healthy living" of AIDS patients into a reality. AIDS being one of the socially dreaded diseases in the world, needs a multidimensional approach by the health care professionals to tackle it, to cure and eradicate it in near future. Physiotherapy with all its might will strive to achieve this.

Implementation:
This was efficiently implemented in Hope Club Clinic, Community Health Education society (CHES), Chennai. It is an NGO that has dedicated itself to psycho-social rehabilitation of patients. Around 200 patients were exposed to this therapy. The results of the implementation were dramatic, evincing good increase in activity tolerance and functional restoration of the patients.

DISABLED WOMENAND THEIR INTEGRATION INTO THE FAMILY AND SOCIETY: A SOCIOLOGICAL INQUIRY .

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This paper is an attempt in analyzing the dynamics of the integration process of the disabled women in their family and the community. There is pity and neglect for the disabled women on the one hand and stigma and prejudices against them on the other.

Both these reactions create hindrances both for the adjustment in the family and society In general, the over all adjust ment of the disabled women can be classified into five areas: (1)physical,(2)psychological,(3)social,(4)vocational and (5)economic . All these five areas overlap and are certainly not mutually exclusive . Physical adjustment considers variables like age, age of onset of disability, cause, degree, and duration of disability. Pschoylogical adjustment included acceptance of disability, anxiety, motivation, aspiration and reaction sensitization . Social adjustment covers inter personal relations, roles and normative structure of various social institution . Family relations and marital relations are important aspects of social adjustment of the disabled like all other Individuals . Integrations of the disabled women in her family is not a random process but it has to be carefully planned . The disabled women under the present study feel that the family and the society do not provide adequate support for their smooth integration . Disability may lead to complete isolation or abandonment . There is shame or superstition attached to it . The disabled is generally hidden away . Thus the status and the social identity of being a wife and a mother is denied to her . The expectations of society put obstacles in the way of her right to marriage, motherhood and other aspirations.

CONSEQUENCES OF TAX EVASION AND TAX ENFORCEMENT ON THE HEALTH OF INDIVIDUALS.
(A SOCIOLOGICAL STUDY IN THE CONTEXT OF INCOME TAX RAIDS IN INDIA)

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Introduction & Statement of the problem:
Money plays an important role in determining the social status of individuals (both mental and physical). However, the legitimacy of the income or wealth possessed by an individual and the freedom to use it largely depend on the legal framework of the society. Income earned within the framework of the economic laws and taxation, are only considered as legitimate and infringement of this is considered as illegal and anti-social. Therefore, there is an inevitable intelligence and enforcement system monitoring the economic activities of individuals, and which at times intrudes into the lives of individuals to detect any deviance.
The response and reaction of the individual to the taxation is not always positive. The problem is aggravated in an environment where tax evasion and 'Black Money' are closely and inextricably inter-linked. The individuals who consciously or unconsciously fall prey to the above, by and large develop a range of negative emotions and mental stress viz. Fear, tension, stress, worry, frustration etc. the result is a series of health hazards viz. Blood Pressure, Diabetes, Depression etc. Health deteriorates further into even more permanent damage, in cases where the individuals have to undergo extreme enforcement experiences viz. Income tax raids.

Objective & method of study:
The present paper is an exploration into the nature of interconnectedness between tax evasion, tax enforcement and health of the individuals in the new millenium. It also presents the findings of a limited empirical study done by the author to explore the extent of emotional and health disturbances experienced by the individuals who faced Income tax raids.

Conclusion:
The study could unravel serious emotional and health consequences of Income tax raids as perceived and experienced by a sizable number of respondents. The paper ends with certain suggestions for change in the attitudes, perceptions and behavioral pattern of individuals / assessees as well as the law enforcement officials.

BURDEN OF COST ON TREATMENT TO PEOPLE LIVING WITH HIV/AIDS IN SOUTH INDIA – A CASE STUDY

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YRGCARE , CHENNAI , INDIA

The financial burden imposed by treatment of frequent illness episodes are important economic problems faced by persons living with HIV/AIDS (LOLHA) in India. This study examines these issues in the context of PLHA in south India and the changes in these over a period of time.

Data were collected from a cohort of 356 HIV/AIDS clients of YRGM CARE, a leading Chennai - based NGO. The clients were asked about treatment – related expenditures (both for YRG CARE services and other sources), loss of wages and workdays, sources of finance to meet treatment costs financial coping strategies, and their quality of life at the time of enrollment for this study and after period of 10-14 months.

The results indicate that the number of illness episodes reported by PLHA has declined from maximum of 5 to 3 and the number of clients who had less than or equal to one episode increase from 72% to 94% during the study period. The cost of treatment on illness episodes declined fro Rs.12,615 to Rs.2,075 (84%). The expenditure on the treatment of female patients constitutes onl 41-49% that of males. The burden of treatment (measured as the ratio of treatment costs t household income) was much: 65% to 10%. Patients paid for treatment costs through borrowin sale of assets and durable goods, past savings, and mortgage of assets.

The burden of cost on treatment normally increases with advancing stage of illness but in this stud as the frequency of illness episodes reduced significantly ($P<0.01$) expenditure also came down f the PLHA under the continuum of care of an institution like the YRG CARE. HIV/AIDS leads depletion of savings and increasing indebtedness of households.

SOCIAL ASPECT IN GENERAL NUTRITION & HEALTH : A CASE STUDY OF PEOPLE MOREWADI VILLAGE IN MAHARASHTRA.

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Good nutrition is a basic component of health. It has prime importance in the attainment of normal growth and development and in the maintenance of health throughout life. The term food and nutrition are sometimes used synonymously, but that is not strictly correct. Food is a composite mixture of various substances, the quantity of hundreds of grams in others. Nutrition on the other hand, signifies a dynamic process in which the food that is consumed is utilized for nourishing the body. The "WHO" has defined health as 'the state of complete physical, mental and social well being'. Nutrition is one important factor in health. Both intrinsic and extrinsic factors contribute to health and diseases. Intrinsic factors and extrinsic factors consist of physico-chemical biological and social environment. Out of these extrinsic factors, the researcher wants to emphasise on social environment. The researcher wants to see the general nutrition level and health and its relation with educational and economic aspects. For this, researcher has planned an empirical study of the people in Morewadi village in Kolhapur District of Maharashtra. This study is exploratory in nature and based on interview-schedule technique and observations. According to the latest record of Gramapanchayat, Morewadi village consists of 150 households. Out of these researcher has taken 75 households as sample. Preliminary survey indicated that due to better socio-economic and cultural environment the general nutritional level of the people of Morewadi village is quite healthy.

RESPONSE OF THE ELDERLY PATIENTS WITH CHRONIC ILLNESS

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The very idea of illness is stressful to human life. The stress is greater in the case of patients suffering from chronic illness .Experience in the field has revealed psychosomatic evidences that stress often influence the additional and the behavior aspects of the individual patients .The kind of response of the patient to this type of chronic illness depends on various other factors too .The proposed investigation has the following objectives and role expectations:

1. To study the role performance of the chronically ill patients in their social and familial setup.
2. To find out their attitude relating to God, Work,Savings, Human relationship, Life and Family .
3. To make note of their acceptance /denial of their sickness.

The research work focuses its attention only on elderly patients above 60 years of age suffering from heart disease and arthritis .The samples are drawn from patients admitted in hospitals while the research was taken up. The data was collected with the help of a structured interview schedule. The size of the sample is twenty-five . The research brings out the co-relation between the variables like Sex, Education, Religion and the attitude and behaviour of the elderly patients while in the sick role . In India 142 Millions (6.5%) of total population are above 60 years .The major medical problems of the aged are Cardiovascular and Joints involvement. Aging is not merely an issue of human rights and social justice. The role of the society is paramount in solving the health problem of the aged and providing them a meaningful living. It is usually said that as you grow old, your heart and joint need frequent repairs and it is normal .But joint conditions do not kill the person .So one needs to keep the joints of the body in moveable condition and heart to keep going in a healthy manner till the end .Senior citizens are interested in cure and productive rehabilitation. This task should be taken up by HOME NURSE. Prolonged hospitalization will not lead to productive rehabilitation. This work can be undertaken only by a group of committed nurses with genuine concern, loving attitude, good personal relationship, special gentle touch and extra love and enthusiasm in human life

HERBAL MEDICATION- AN ALTERNATIVE CURATIVE SYSTEM AMONG BHILS IN UDAIPUR DISTRICT

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The study was carried out in two villages namely Madri and Jamun of Jhadol panchayat samiti in Udaipur district of southern Rajasthan from 156 Bhil respondents. Udaipur attains the 18th rank in Health Index (1997-98). A facility of primary health center (PHC) and ayurvedic hospital at Madri serves the purpose of health care of both the villages at government level. Bhils believe in multi-causation theory regarding occurrence of diseases. Doctor, ANM, VHG, Bhopa, traditional herbalist, traditional birth attendant are some of the health personnel. Home medication is followed by treatment of Bhopa or/and herbalist. If the ailment is not cured by traditional healers, patient is taken to the allopathic doctor. If the patient doesn't get well even after doctor's prescription, he is again taken to the Bhopa- the ultimate doctor of the Bhil community. Treatment by a doctor and a Bhopa are two poles apart from each other. Herbal treatment finds its way in between two extreme therapies.

SOCIAL DISEASES: THE PRESENT SCENARIO

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Sociological factors are increasingly recognized as one of the important components of illness and the concept of social health is gaining more and more momentum today. The present paper explains about the need for treating the patient as a **person** and not just as a bundle of symptoms and signs, and also about the social effects of the diseases by reviewing few research studies on patients of TB, Leprosy and STDs/AIDS.

Objectives:
1. To identify social etiology and consequences of social diseases
2. To suggest measures that are scientifically sound and culturally sensitive.

Methodology: Reviewing few related research studies.

Observations in the above cited research studies would be reviewed and discussed.

A STUDY TO ASSESS HEALTH PROBLEMS RELATED TO POST MENOPAUSAL PERIOD AMONG WOMEN ATTENDING OACHC, TIRUVALLUR DISTRICT.

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Objectives:

1. To assess the among women attending psychological problems among post menopausal women
2. To assess the behavioral problems among postmenopausal women.
3. To assess the physiological problems among postmenopausal women.
4. To suggest health promotion strategies to reduce postmenopausal problems.

Assumptions:

1.Every women experiences certain health problems during postmenopausal period.

2. Adoption of health promotion strategies may have an impact on alleviating problems in post menopausal women.

Methodology:

Research design: Non experimental-descriptive design

Research setting: Omayal Achi Community Health centre Arakkampakkam.

Population: Women about 40years who had attained menopause .

Sample size: 60

Sampling Technique: Non Probability convenient sampling technique.

Tools: Part-I Demographic variables,

Part –II Structured questionnaire to assess health problems relating to postmenopausal women .

Scoring: Yes or No with a score of one or zero dichotomous question

Data analysis and Interpretation :

Descriptive statistics used for the study to identify health related problems in postmenopausal women .The data were grouped and analyzed under:

1. Demographic variables
2. Psychological problems
3. Behavioral problems
5. Physical problems

Conclusion:

The findings of the study showed that post menopausal women had several psychological problems,behavioral problems and physical problems .The reason for this may be due to the negligence of their care and lack of women empowerment in terms of making decisions for their own health in the society .Therefore creating awareness on preventive measures and existing management of postmenopausal problems, minimizes complications and help women to lead a positive and protective life .

MOTIVATION: ITS SOCIO PHYCHLOGICAL PRESPECTIVE IN DENTISTRY-A REVIEW

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Social science adds a new dimension to the process of surveying and evaluation when applied to practical problem in destiny. Social scientist becomes really necessary when efforts do not matc each other and he also helps the dentist in the assessment of the program and to find out how thi process fits with the socio-cultural system of the group with which we are working. Dentists hav long been disturbed because their appraisals of dental diseases were not taken seriously, and thei recommendations for treatment were not followed or were followed only in part. It is obvious tha many people do not consider their teeth very important and give dental care a low priority. Wh should this situation exist and what can be done about it? The answer for this is motivation Motivation increases the chance that the individual will not only improve his dental health but wi be committed to them over a long period of time, despite any external barriers that may exist. In thi review an attempt has been made to explore the socio-pshychological perspective of motivation i dentistry.

Key Words: Motivation, Socio pshychology Dentistry

POSTER PRESENTATIONS

PHYSICIAN ASSISTANTS IN CARDIAC CARE INSTITUTIONS

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In today's world, the number of cardiovascular diseases is on the increase due to the stressful conditions and to the impact of westernization & urbanization in society has affected the population. Doctors, nurses, physiotherapists and other paramedical professionals have no doubt specific jobs cut out for them but there has always been a huge vacuum when it comes to proper communication between the doctor and patient which is filled in by Physician Assistants (PAs) especially in cardiac centres. Physician Assistant is a skilled professional, who is qualified with academic & clinical training to provide medical & health care services under the supervision of licensed Physician. A Physician Assistant provides a broad range of health care services that were traditionally performed by a doctor. They perform physical examination, diagnose illnesses, develop and carry out treatment plans, order & interpret lab tests, suture wounds assist in surgery, provide preventive & rehabilitative cardiac counseling. Physicians/ Surgeons hard-pressed for time avail the services of PAs in research activities especially in developed countries. PAs with their sound theoretical knowledge of medicine are able to carry out scientific research to help the society at the macro level. They undergo integrated education that emphasizes health care & analytical techniques required for quality patient care .The curriculum imparts firm grounding in medical, managerial & communication skills & moulds into competent & health care personnel who can respond to the challenges of tomorrow in the health care arena. This need is increasingly being appreciated & introduced in developing countries.

STUDY OF RISK FACTORS IN PERSONS ATTENDING CARDIAC OPD IN GGH, KAKINADA

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The development allover the world, including 3rd world countries like India, resulted in changes in health trends of people by reduction in communicable and increase in non-communicable diseases. Cardiac diseases have been labeled as no. 1 public health enemy, by taking off 12 million lives every year globally. We treat these Cardio-vascular diseases, medically with vasodilators, anti-coagulants etc, surgically by angioplasty, ballooning, bypass surgery etc. It is like replacing the pipes in our house to cure the plugged pipes, where the problem is gunk in the water.

Death from CVD is preceded by a period of morbidity and disability. DALYS for CVD is in the fourth place at present and estimated to be in the second by 2020. The increase in morbidity and mortality due to CVD is to be attributed to the substantial changes in life styles of people resulting in the development of risk factors. Males suffer twice that of females, the reasons being smoking habits, obesity, stress due to problems in occupation and family maintenance and lack of estrogen etc. Too much urbanization, industrialization, mechanization, modern technology, internet media, usage of electrical & electronic appliances like remote controlled washing machines, grinders, vacuum cleaners, A.C &T.V might be the leading cause of physical inactivity, making the people victims to obesity and in turn to CVD.

Increasing longevity results in corresponding increase in incidence, prevalence and disability due to CVD in the coming years. Hence preventive measures are needed to compensate the demographic trends. An intervention method in terms of primordial, primary, secondary and tertiary prevention based on social grounds is the need of the hour.

SELF CARE AND MYOCARDIAL INFRACTION

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Cardiovascular diseases have been aptly called 20th century diseases myocardial infractions is a specific diseases entity of ischaemic heart diseases, patients suffering from MI need, not only intensive care monitoring but also follow up in terms of medications, exercises, diet and bowel movements.

Nurses play a larger role in educating MI patients about the need for taking drugs as well as to follow the correct dietary and exercise prescriptions. The essential components for preventing reinfarction are intake of correct drugs, exercise, diet and a positive attitude towards health. There are several risk factor which MI patients are exposed can be preventable and manageable.

The study aimed to determine the impact of nursing education and the knowledge, attitude and practice of MI patients related to self-care activities. The sample was selected from cardiology out patients department CMCH, Vellore through interview method on 30 MI patients. Questions on knowledge attitude, practice were administered and analyzed.

Analysis revealed that 60% had moderate and adequate knowledge and 76.7% had favorable and 23.3% had the most favorable attitude and 50% had moderate and 58% adequate practice and a significant correlation's between knowledge and practice.

The study has thrown light on the importance of the role of nurse in educating MI patients regarding self-care activities by utilizing the two important factors such as motivation and reinforcement. The potentials of MI patients of practicing self-care activities in daily life at maximum level could thus be enchanced since self-care approach is the best possible approach to today's challenge's to health in such a way to improve QOL of MI patients.

Key words:

MI - Myocardial infraction
QOL - Quality of life

EFFECTS OF LITERACY ON HYPERTENSION CONTROL AND KNOWLEDGE OF CORONARY VASCULAR DISEASE PREVENTION

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Research question: what is the effect of literacy on hypertension control and knowledge of coronary vascular disease prevention?

Objectives: 1. To study the prevalence of hypertension along with the treatment, compliance in relation to their literacy,
2. To study additional Cardio vascular diseases knowledge in the same subject.

Study setting: upper middle sedentary employed subjects in the age group of 20 - 60 years.

Method: clinical-social assessment of 107 employees at there work place.

Results: literacy is seen to be associated with lower prevalence of hypertension, higher usage of marketed cooking oils, knowledge of more risk factors and higher awareness of hypertension. Very little difference is seen in smoking and alcohol habits, between literate and illiterates.

Conclusion: Literacy leading to correct knowledge and higher awareness of risk factors, causing Cardio vascular diseases, even within the same upper economic, social, stratum.

Sociological relevance: the classic example of increased economic status not leading to increased health status because of sociological blocks is recorded in many countries. This is even recorded internally when rest of India is compared to Kerala. Illiteracy is known to be a primary sociological block, in spite of affordability.

PREVENTION OF ATHEROSCLEROSIS

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Athersclerosis leading to coronary Artery Diseases can be prevented by recognition of Familial Hypercholesterelemia and other Heriditary Disorders of Lipid Metabolism in Childhood or Adolescence and by their appropriate treatment starting from Childhood. Children whose parent or grand parent has ischaemic Heart Disesaes or other risk factors are likely to demonstrate Hypercholesteremia or other Lipid metabolism abnormalities. If untreated they are likely to develop progressive Atherosclerotic changes in Arota, Caronary Artetics etc. and manifest Several Decades later the features of ischaemia . Hence early recognition interventions of Familial Hypercholestermia and other metabolic defects is the only way towards primary prevention of Caronary Artery Diseases.

AIR POLLUTION AND CORONARY ARTERIES DISEASES

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Introduction:

Air pollution is a cause of health problems worldwide. Urban and rural outdoor environments contain toxicants and irritants that reduce the quality of life and cause disease. Exposure to occupational chemicals may affect reproductive capacity adversely in the form of reduced fertility, spontaneous abortion, low birth weight, birth defects and developmental disabilities. Short-term effects of air pollution include irritation to the eye, nose and throat, and upper respiratory infections such as bronchitis and pneumonia. Long term effects of air pollution include chronic respiratory disease, lung cancer, heart disease, and even damage to the brain, nerves, liver and kidneys.

Aim:

To find out the effect of air pollution and its increased risk for coronary artery disease (CAD).

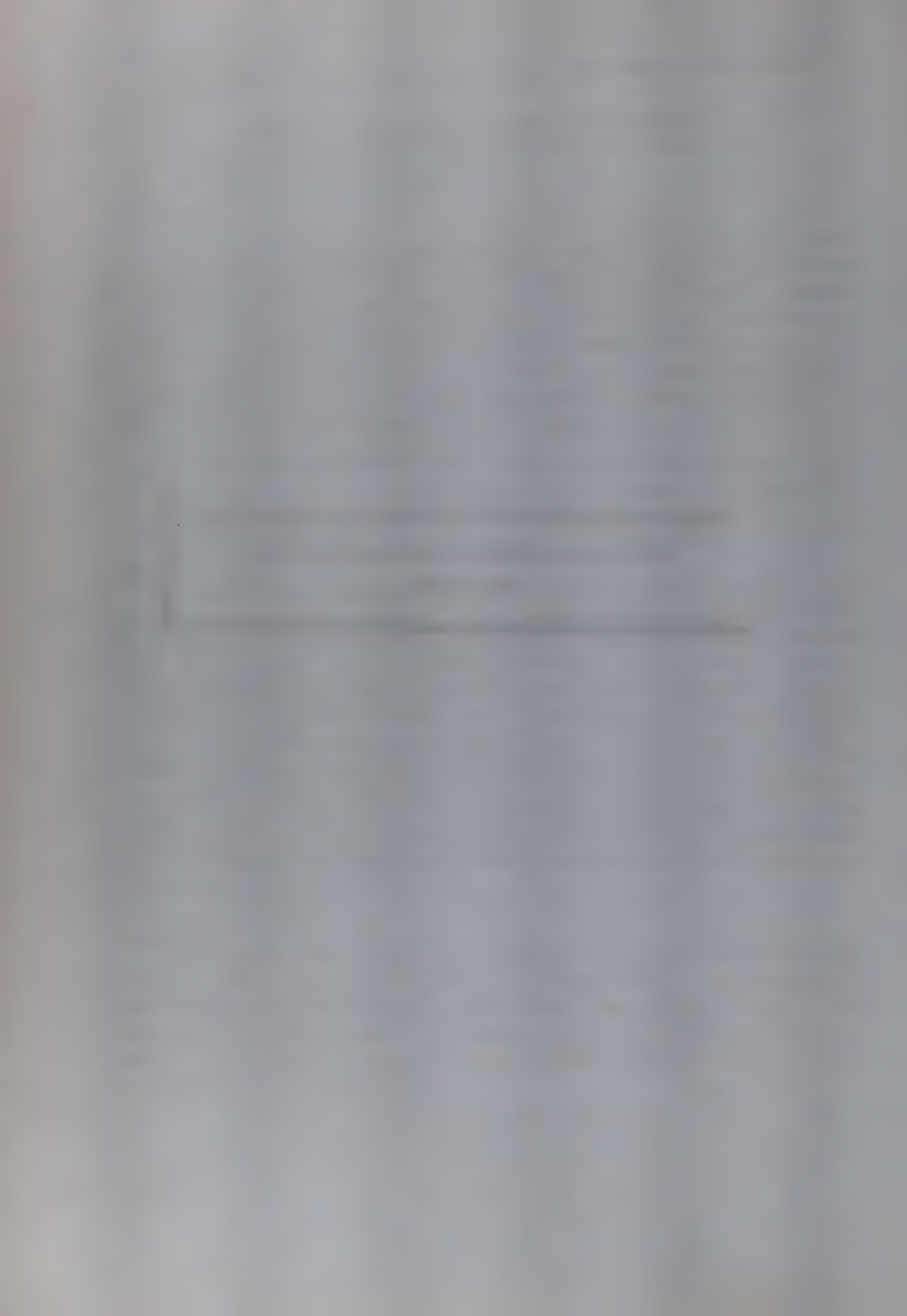
Methods:

A total of 42 patients who had exposure to air pollution were analyzed in our institute between June 2000 to October 2001 for incidence of CAD and lipid profile. The average age was 25-60 yr., 39 patients were males. Ten patients had industrial exposure of less than 10 years duration. All these patients had normal coronary arteries by coronary arteries by coronary angiography [CAG] and normal lipid profile. Thirty-two patients had industrial exposure of more than 10 years duration. All these patients had CAD by CAG. Eighteen patients underwent coronary artery bypass graft surgery, 8 underwent percutaneous transluminal coronary angioplasty with stenting and 6 patients were advised medical management. All these 32 patients had low high-density lipoprotein [HDL] levels ranging from 35-38 mg/dl. Eighteen of them had no other associated risk factors, 7 were smokers, 4 had systemic hypertension and 3 had diabetes mellitus. Five patients had, in addition, high level of total cholesterol and 7 had high level of triglyceride.

Conclusion:

Air pollution affects the digestive system and liver; hence reduces the HDL cholesterol, there by increasing the risk of CAD. More than 10 years exposure in industrial environment causes low HDL cholesterol and enhances the occurrence of CAD among them. Polluted air is one of the several factors in the environment that have a negative effect on humans. Impure air increases various health risks and is one of the causes for thousands of death annually.

Due to unavoidable limitations, the abstracts in the succeeding pages could not be presented.



ETHNODENTISTRY- A CONCEPT

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Plants and their products have been used for medicinal value since times immemerial.Evidence of such practices are available in Rigveda, Atharvaveda etc. This type of documentation is also seen in text book of Ayurveda, Siddha and Unani medicine. Although medicinal plants were used by different ethnic groups in different forms, it got proper attention of the scientific community when **Dr. John Harshberger (1895)** described Ethnobotany to explain the study of plants, used by primitive and aboriginal people. Ethnobotany deals with complete man-plant relationship, therefore branch like "Ethnotaxonomy", Ethnomedicine and Ethnoecology come into existence in recent years. As there are only a few available informations on the use of medicinal plants in oral and dental diseases, hence the author prefers to use the term **"Ethnodentistry"** together information in this direction.

Although, different aspects of folk medicine are included in the Community Dentistry syllabus, ethnodentistry may be considered as a separate entity.

The aim of this paper to introduce a concept i.e. "Ethnodentistry" with scope, significance, future prospects and probable curriculum to be incorporated in dental teaching programme.

SOCIO DEMOGRAPHIC FACTORS IN DISEASE CAUSATION

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Research question: It is there a relation between the socio demographic factors and development of disease?
Objectives: To know the socio demographic factors and their relationship in disease causation.
Study design: Cross-Sectional study.
Study Setting: 177 respondents ofinstitue of Sir. Ronald Ross tropical diseases, Hyderabad.
Study variables: Religion, SES, type of family, opinion regarding disease causation.
Stastical analysis: Proportions, Chi-square test.
Results: Majority of the respondents presented with fever of less than a week duration , the type of family, economic status and literacy status of head of household, had an influence on presenting complaints. More than half of the respondents opined that the cause of the disease (presenting complaints) was due to more than one factor.
Sociological relevance: The concept of disease causation and its evolution through the millineum towards multi factorial causation is a positive attitude, in spite of poor knowledge regartding the source and disease transmission.

MATERNAL HEALTH: A SOCIAL CLIMATE OF TWENTY FIRST CENTURY

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Maternal Health is one of the major components of Woman's Health in her life span. Maternal Health determines the individual health from birth to death. Maternal health is gaining importance in all aspects whether it is rural or urban, literate or illiterate, rich or poor, developed or developing nations. Advances in Medical Sciences and Technological Developments influence health care system. But the socio-cultural factors still remain the dominant area of maternal health. The safe intimate environment provided by the social structure determines the social climate of the present scenario of maternal health. The social customs, beliefs and attitudes in relation to the childbearing mother and family have the traditional impact, which is revealed from the study conducted by the authors at Institute of Obstratics and Gynecology & Government Hospital for Women and Children, Chennai during April 2002. The analysis of the samples is expected to bring various aspect of social customs still prevalent in this century which acts both for and against the maternal health and safe motherhood. It is expected that the results would be used as an eye-opener to the health care providers and consumers.

A STUDY ON CLINICO-SOCIAL PROFILE OF FAMILY PLANNING PRACTICES IN RURAL RANGAREDDY DISTRICT OF AP

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Research question: what are the social patterns influencing the family planning adoption in rural area?
Objectives: 1.) To know the family planning practices in rural population.
2.) To determine the social factors influence in family planning practices
Study design: cross-sectional study.
Setting: sub-center village of Ranga Reddy District.
Participants: 602 eligible couples.
Study variables: age, cast, literacy status of couples, and occupation, and family size, type of family, monthly income and son preference
Statistical analysis: mean, standard deviation and Chi square test.
Results: factors positively influencing family planning acceptance are type of family, income and literacy, mean age of the population is 29.63 years and mean age at marriage is 16.90 years.
Majority of women adopted permanent method.
IUD users are formed the larger proportion of temporary method acceptors.
Sociological relevance: although CPR of the study population is 62.12%, the temporary method acceptancy is very low. The unmet need in the study population relates to women who completed the family size but are not using contraception .the reasons for unmet need could be due to lack of knowledge regarding contraceptive method, worry about side effects, objection from family members desire for son and in spite of access to available family planning services.

GENDER DIFFERENCES IN PERCEIVED QUALITY OF LIFE OF HIV POSITIVE PATIENTS AT YRG CARE, CHENNAI, INDIA

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YRG CARE, CHENNAI, INDIA

Objectives: To examine he gender differences in perceived quality of life among clients receiving care from a tertiary HIV care center.

Methods: This study was carried out at YRGCARE, Chennai, India. 343 new patients over 18 years of age were recruited from April 2001 and followed for up to eighteen months. The sample was stratified by sex and stage of disease. The QOL questions adopted from the WHOQOL-HIV instrument and covered five dimensions: general health; physical; psychological; social/partner; and medical interaction/financial was administered to the study population. Descriptive statistics were used to analyse the data. The results shared here are based on the first interview.

Results: Of the study population 60% were men. Women were younger (40% under the age of 25) and more likely to be widowed, separated or abandoned (32%). Most women were housewives (66%) and had children (78%). Women were more likely to worry about being alone as their HIV disease progresses and concerned about being able to care for themselves as compared to men. In contrast, men were more likely to worry about having enough energy for everyday life and initiating or resuming a sexual relationship due to HIV status.

Conclusion: The gender differences in concerns about quality of life are reflective of social roles and status of men and women in Indian society.

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